

(b)(5)

A#: 71 846 426

ASSESSMENT SHEET

PRELIMINARY ASSESSMENT: (Complete for ABC cases only)

Grant
 Deny

(b)(5)

Page 2
A71 846 426



The preliminary assessment is to grant.

NOTES ON INTERVIEW:

(See Attachment.)

(b)(6)

Kuwait Translation & Publishing House



دار الترجمة والنشر الكويتية

المترجم المعتمد: مجدي سيد عواد

CERTIFIED TRANSLATOR: MAJDI S. AWWAD

Tel: 2413880 - 2425742 P.O. Box: 26037 Safat, Kuwait 13120 - Al-Murqab - 11th Street
Opp. Safat Post Office - First Al-Ghazal Building - 4th Floor - Office 1

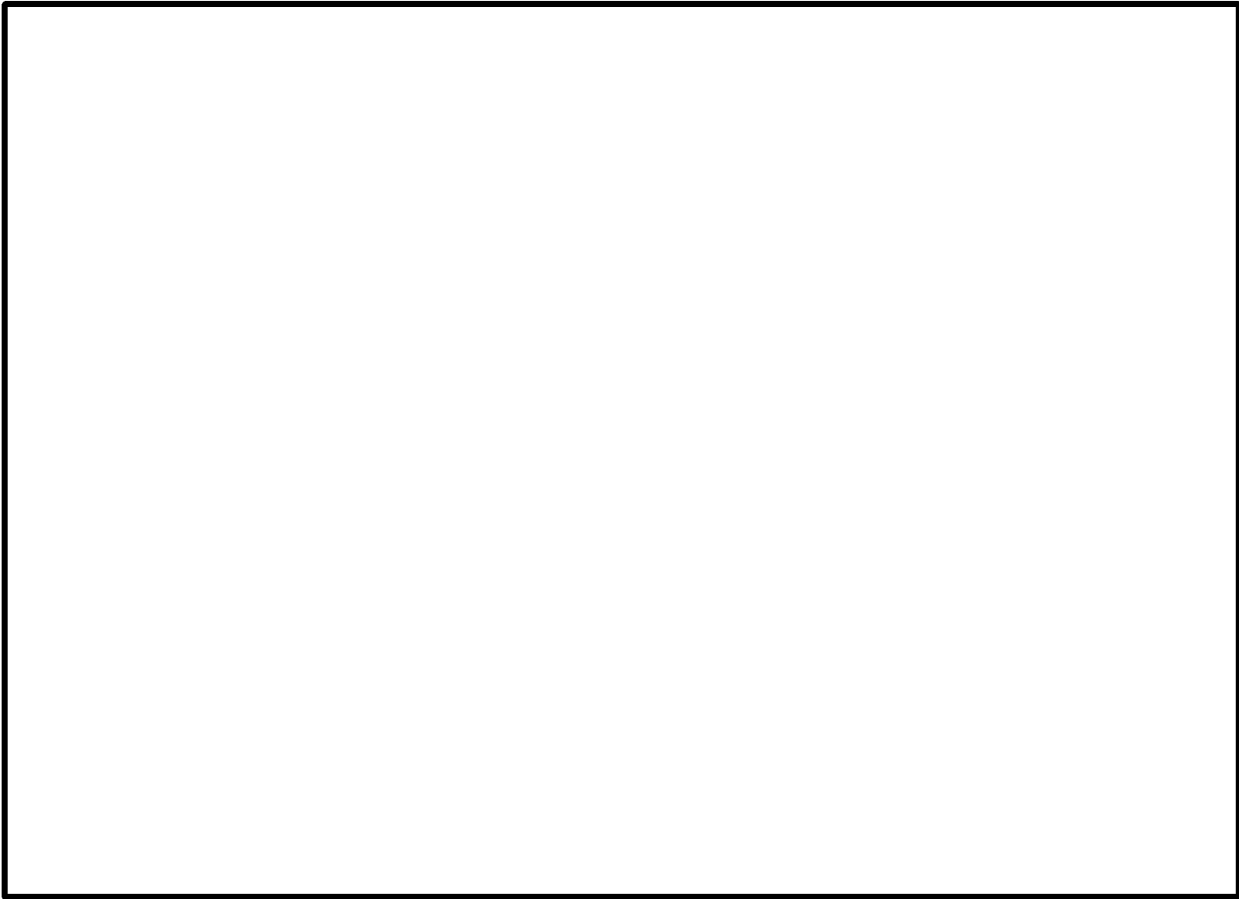
تلفون: 2413880 - 2425742 ص. ب. 26037 - الكويت 13120 - المراب شارع الهادي
مقابل بريد الصفاء - عمارة مبنى الغزال - الطابق الرابع - مكتب 1

EMBASSY OF HASHEMITE KINGDOM OF JORDAN

KUWAIT

[Redacted]

Date 5/2/1970



Majdi S. Awwad
Certified Sworn Translator



To MR. HANI - TEL. 001-815-7485237

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CERTIFIED TRANSLATOR: MAJDI S. AWWAD



خالد الزبيدي والنشيد الكويتية

المترجم المعتمد: مجدي سيد عواد

Tel: 2410998 - 2425742 - Fax: 2425742 - P.O. Box 28037 Safat, Kuwait 13120 - Fahaneel Off. 3924768
Al-Murqab - Hilli Street - Opp. Safat Post Office - Eissa Al-Othman Building - 4th Floor - Office 1,2

ترجمة

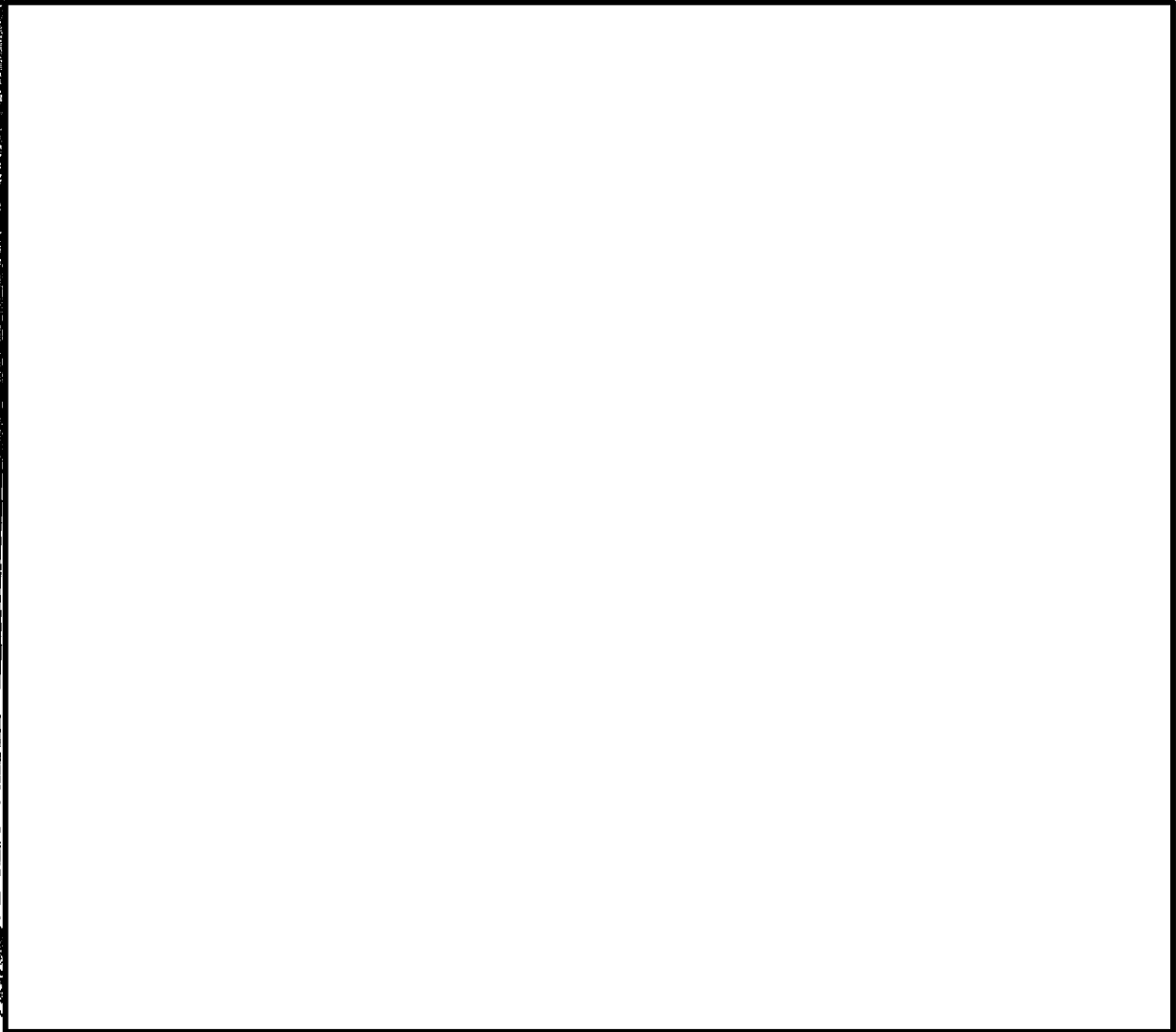
تلفون: 2425742 - 2410998 - فاكس: 2425742 - ص. ب. 28037 - السفاح، الكويت 13120 مكتب العمل: 3924768
المراقب شارع الخليل مقابل بريد السفاح - عمارة عيسى العثمان - الطابق الرابع - مكتب 1, 2

HASHEMITE KINGDOM OF JORDAN

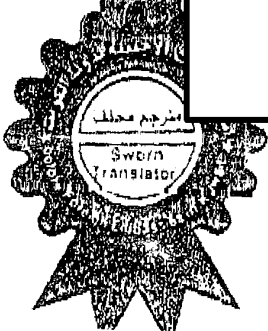


Date 3/12/1961

To whom it may Concern



مترجم معتمد
Majdi S. Awwad
Certified Sworn Translator



To MR. HANI - TEL. 001-815-748527

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مركز الترجمة والنشر الكويتية

CERTIFIED TRANSLATOR : MAJDI S. AWWAD

المترجم المعتمد : مجدي سيد عواد

Tel: 2413898 - 2425742 - Fax: 2425742 - P.O. Box: 26037 Safat, Kuwait 13120 - Fahaheel Off. 3924768
Al-Murqab - Hilali Street - Opp. Safat Post Office - Eissa Al-Othman Building - 4th Floor - Office 1,2

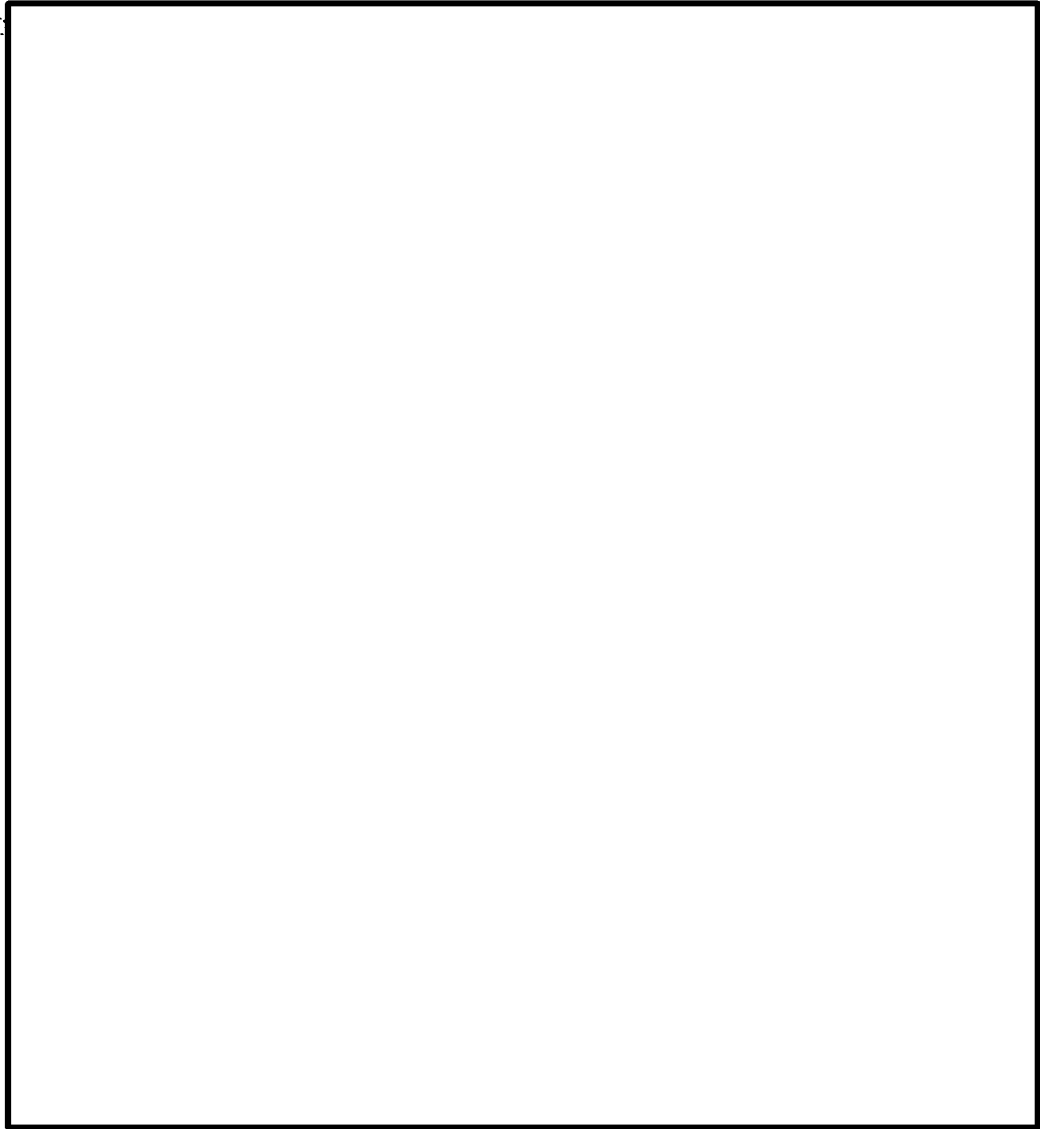
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المرقاب شارع الهلالي مقابل بريد الصفاة - صهارة عيسى العثمان - الطابق الرابع - مكتب ١ ، ٢

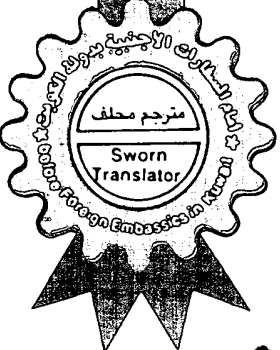


(b)(6)

Date 2nd of April 1989.



Majdi S. Awwad
Certified Sworn Translator



(b)(6)

Kuwait Translation & Publishing House



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ وَاللَّهُ يَكْتُبُ مَا يُشَاءُ

المرجم المعتمد : مجدي سيد عواد

CERTIFIED TRANSLATOR : MAJDI S. AWWAD

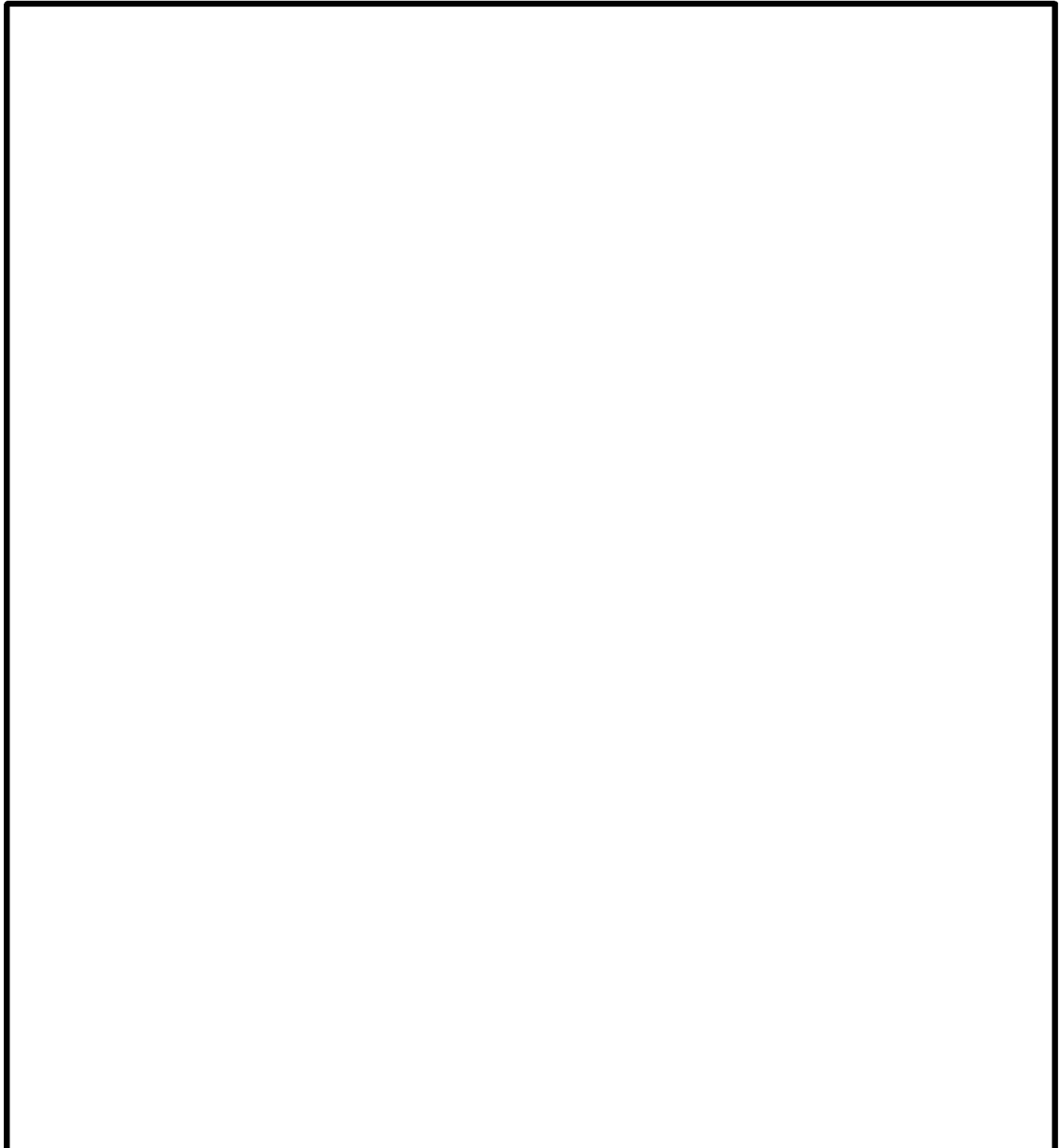
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Hilali Street - Opp Safat Post Office - Eissa Al-Othman Building - 4th Floor - Office 1,2

ترجمة

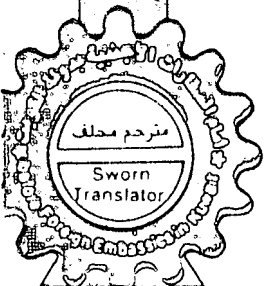
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المرقاب شارع الهلالى مقابل بريد الصفاة - عمارة عيسى العثمان - الطابق الرابع - مكتب ٢٠١



TO WHOM IT MAY CONCERN



مجدي سيد عواد
Majdi S. Awwad
Certified Sworn Translator

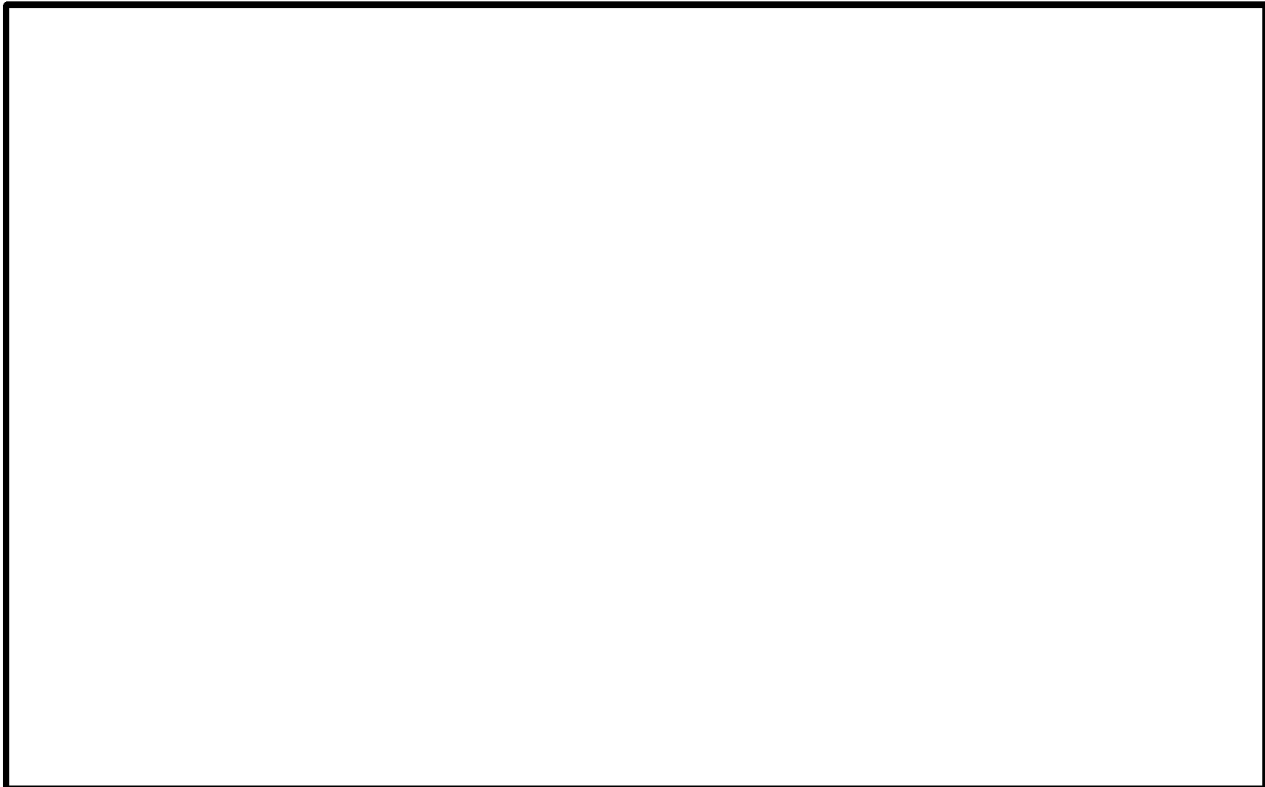


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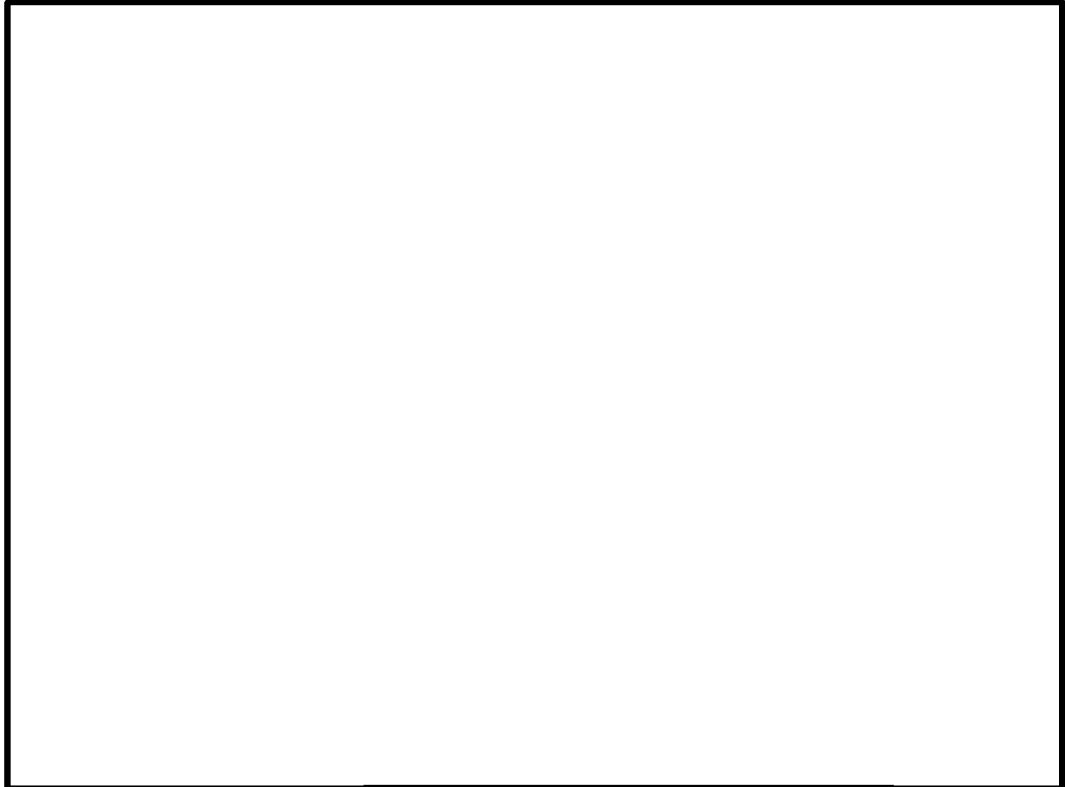


Kuwait 12.11.1988

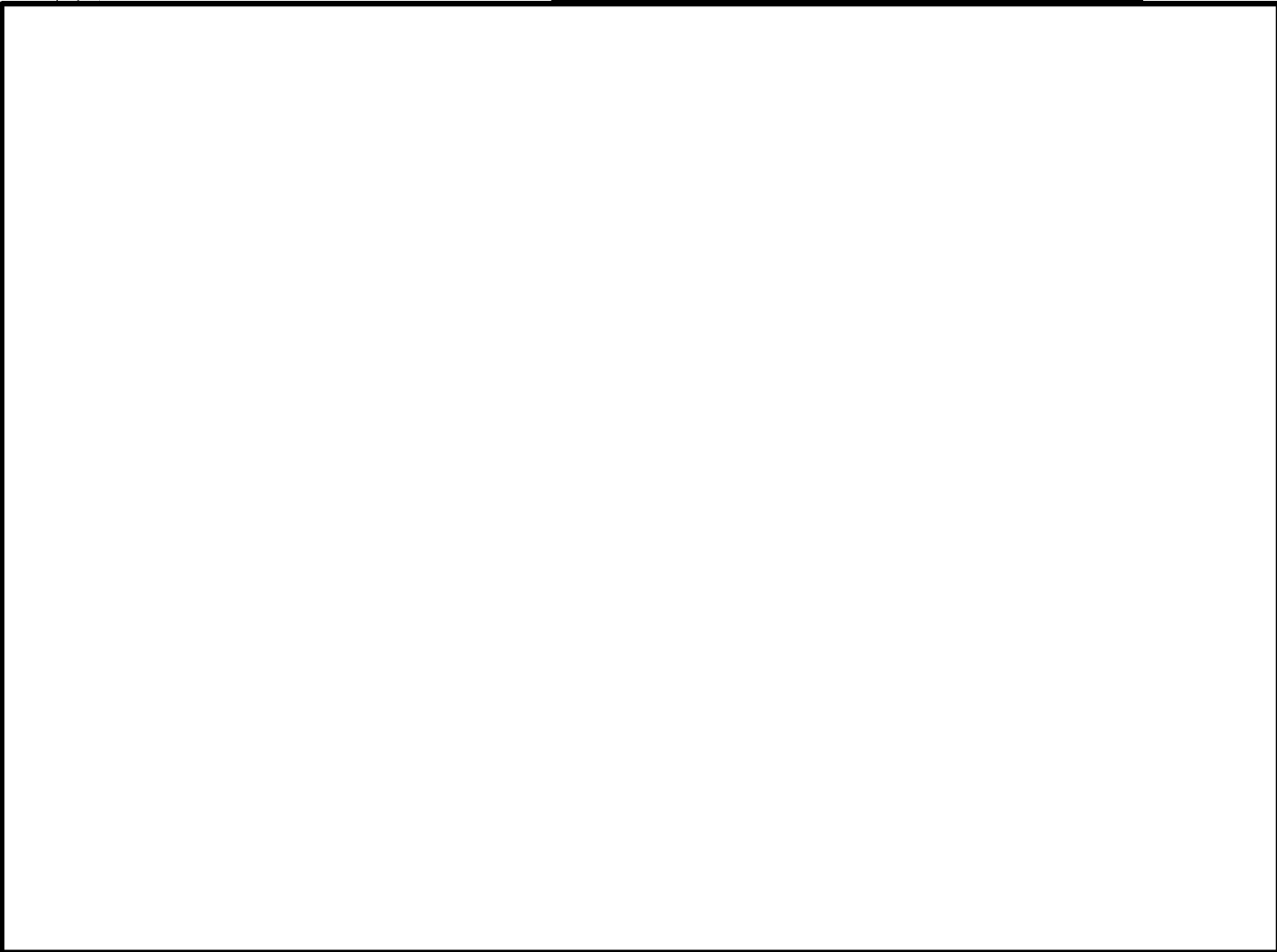
TO WHOM IT MAY CONCERN



(b)(6)



لمن يهمه الأمر



(b)(6)

[Redacted]

Date: 7/11/82

[Redacted]

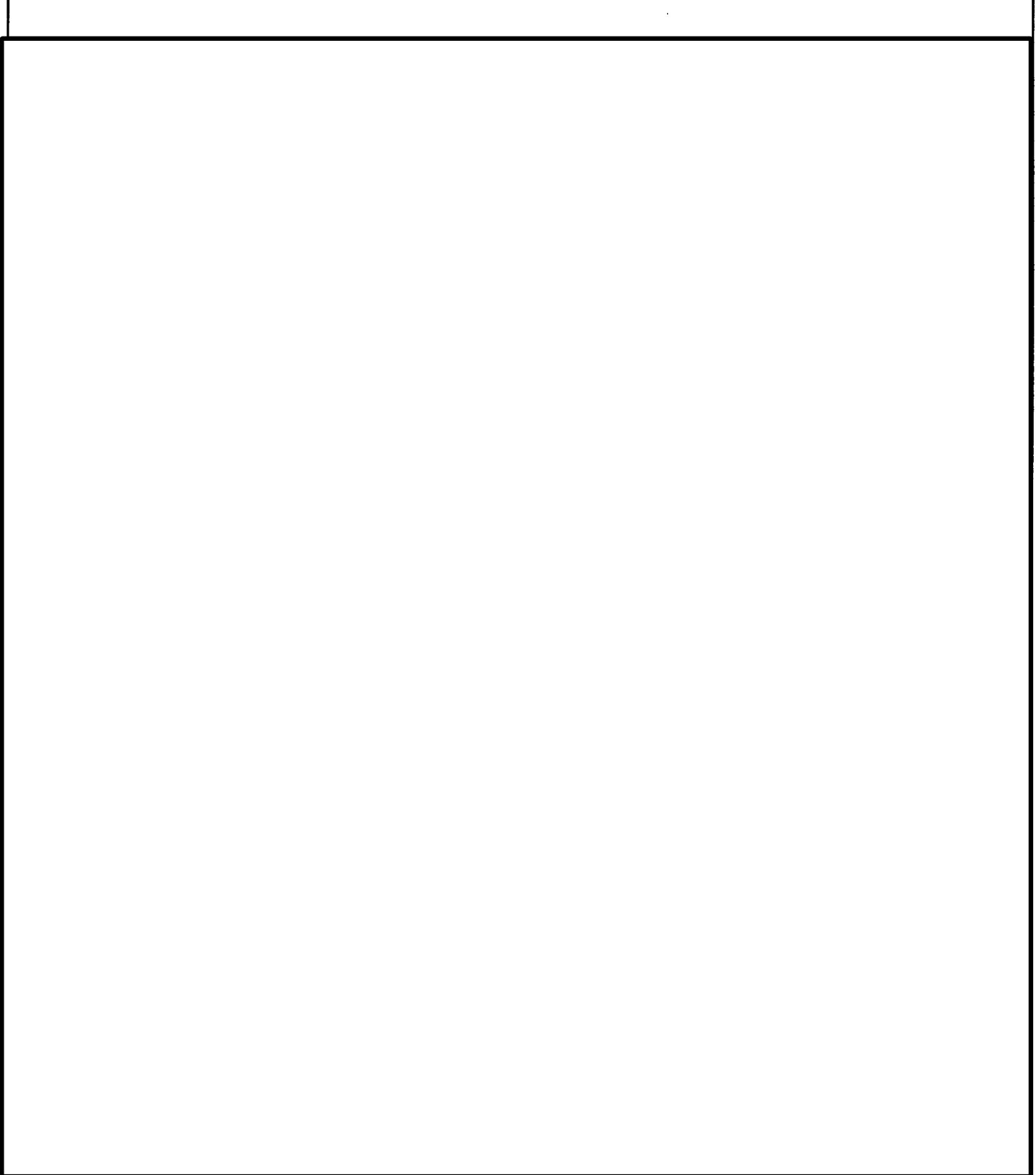
To Whom It May Concern

[Redacted]

(b)(6)



Date: 20.8.1991



(b)(5)

A#: 71 846 426

ASSESSMENT SHEET

PRELIMINARY ASSESSMENT: (Complete for ABC cases only)

Grant
 Deny

(b)(5)

Page 2
A71 846 426



The preliminary assessment is to grant.
NOTES ON INTERVIEW:
(See Attachment.)

RECORD OF DEPORTABLE ALIEN (See A.M. - 2790.31 - 34 for Instructions) PLEASE TYPEWRITE OR PRINT IN BLOCK CAPITAL LETTERS						
Family Name (Capital Letters) EL-KHADER, Given Name HAHI Middle Name HASAN			Sex M	Hair	Eyes	Complexion
Country of Citizenship STATELESS	Passport Number and Country of Issue B985616 JORDAN	File Number A71 846 426	Height	Weight	Occupation	
U.S. Address (Residence) (Number) (Street) (City) (State) (Zip Code) 5229 LINDEN ROAD, APT 7313 ROCKFORD IL, 61109			Scars or Marks			
Date, Place, Time, Manner of Last Entry 01/13/90 CHI F1		Passenger Boarded At	F.B.I. No.	Marital Status S		
Number, Street, City, Province (State) and Country of Permanent Residence ALMATHANA ST, BLOCK 4, APT 4 AWALLI, KUWAIT			Method of Location/Apprehension Walk-in			
Birthdate ██████████ 69	Date of Action 01/05/95	Location Code ZCH	(At/Near) ZCH	Date & Hour		
City, Province (State) and Country of Birth KUWAIT CITY, KUWAIT	A.R. X	Form (Type & No.) <input type="checkbox"/> Lifted <input checked="" type="checkbox"/> Not Lifted I-94	By ██████████ Asylum Officer (b)(7)(c)			
Visa Issued At - NIV No. KUWAIT CITY 001617	Social Security Account Name		Status at Entry F-1	Status When Found Asylum applicant		
Date Visa Issued 12/14/88	Social Security No. ██████████ 4566	Send C.O. Rec. Check To:	Length of Time Illegally in U.S.			
Immigration Record Asylum denied		Criminal Record				
Name, Address, and Nationality of Spouse (Maiden Name, if appropriate) NONE				Number & Nationality of minor Children		
Father's Name, and Nationality and Address, if Known		Mother's Present and Maiden Names, Nationality, and Address, if Known				
Monies Due/Property in U.S. Not in Immediate Possession <input type="checkbox"/> None Claimed <input type="checkbox"/> I-43	Fingerprinted <input type="checkbox"/> Yes <input type="checkbox"/> No	Lookout Book Checked <input type="checkbox"/> Not Listed <input type="checkbox"/> Listed, Code		Deportation Charge(s) (Code Words) D1C1		
Name and Address of (Last) (Current) U.S. Employer UNKNOWN	Type of Employment	Salary \$ _____ Hr.	From:	To:		
Narrative (Outline particulars under which alien located/apprehended. Include details, not shown above, re time, place, manner of last entry, and elements which establish administrative and/or criminal violation. Indicate means and route of travel to interior. Alien has been advised of communication privileges pursuant to 8 CFR 242.2(e). Initial _____ Date _____ I-213 PREPARED FROM FILE Subject admitted as F1 on 01/13/90 until 05/31/93 to attend NORTHERN ILLINOIS UNIVERSITY starting on about 06/30/91. Date last attended on or about 06/01/91. Subject is native of Kuwait and is STATELESS, who makes no claim to LAPR or USC status. On 11/18/91 Subject submitted a request for Asylum in the United States. On 11/22/94 subject was mailed a Notice of Intent to Deny. Subject's request for asylum in the United States has subsequently been denied. (If space insufficient, show "continued" and continue on reverse, from bottom up): ██████████ (b)(7)(c)						
DISTRIBUTION 1-File		Received (sub) _____ Officer: _____ _____ 19 94 at CHICAGO, ILL. Disposition <u>Mail OSC</u> (Receiving Officer) _____				

BIOGRAPHIC INFORMATION

(Family name) MUNA	(First name) NADIA	(Middle name) JAWDAT	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	FILE NUMBER A-
-----------------------	-----------------------	-------------------------	---	-------------------

HUSBAND (if none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name) El-Khader	FIRST NAME Hani	BIRTHDATE [REDACTED]	CITY & COUNTRY OF BIRTH Kuwait	DATE OF MARRIAGE 5/9/97	PLACE OF MARRIAGE Milwaukee Wisconsin
---	--	--------------------	-------------------------	-----------------------------------	----------------------------	---

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
---------------------------------	--------------	---------------	-----------------------------

(b)(6)

BIOGRAPHIC INFORMATION

(Family name) MONA	(First name) NADIA	(Middle name) JAWDATY	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	FILE NUMBER A-
-----------------------	-----------------------	--------------------------	---	-------------------

HUSBAND (if none, so state) OR WIFE None	FAMILY NAME (For wife, give maiden name) El-Khader	FIRST NAME Hani	BIRTHDATE [Redacted] / 69	CITY & COUNTRY OF BIRTH Kuwait	DATE OF MARRIAGE 5/9/97	PLACE OF MARRIAGE Milwaukee Wisconsin
---	--	--------------------	------------------------------	-----------------------------------	----------------------------	---

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name) (Given name) (Middle name) (Alien registration number)			
(b)(6) (OTHER AGENCY USE)			INS USE (Office of Origin) OFFICE CODE: TYPE OF CASE: DATE:
Form G-325 A (Rev. 10-1-82)		(2) Rec Br.	

(Family name) MUNA	(First name) MUNA	(Middle name) SALWAH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	FILE NUMBER
-----------------------	----------------------	-------------------------	--	-------------

HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name) 21-Kinder	FIRST NAME Hani	BIRTHDATE	CITY & COUNTRY OF BIRTH Kusnet	DATE OF MARRIAGE 5/1/77	PLACE OF MARRIAGE Columbus
---	--	--------------------	-----------	-----------------------------------	----------------------------	-------------------------------

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name) (Given name) (Middle name) (Alien registration number)			
(b)(6)	(OTHER AGENCY USE)		
	(3) C.		
		INS USE (Office of Origin)	
		OFFICE CODE:	
		TYPE OF CASE:	
		DATE:	

BIOGRAPHIC INFORMATION

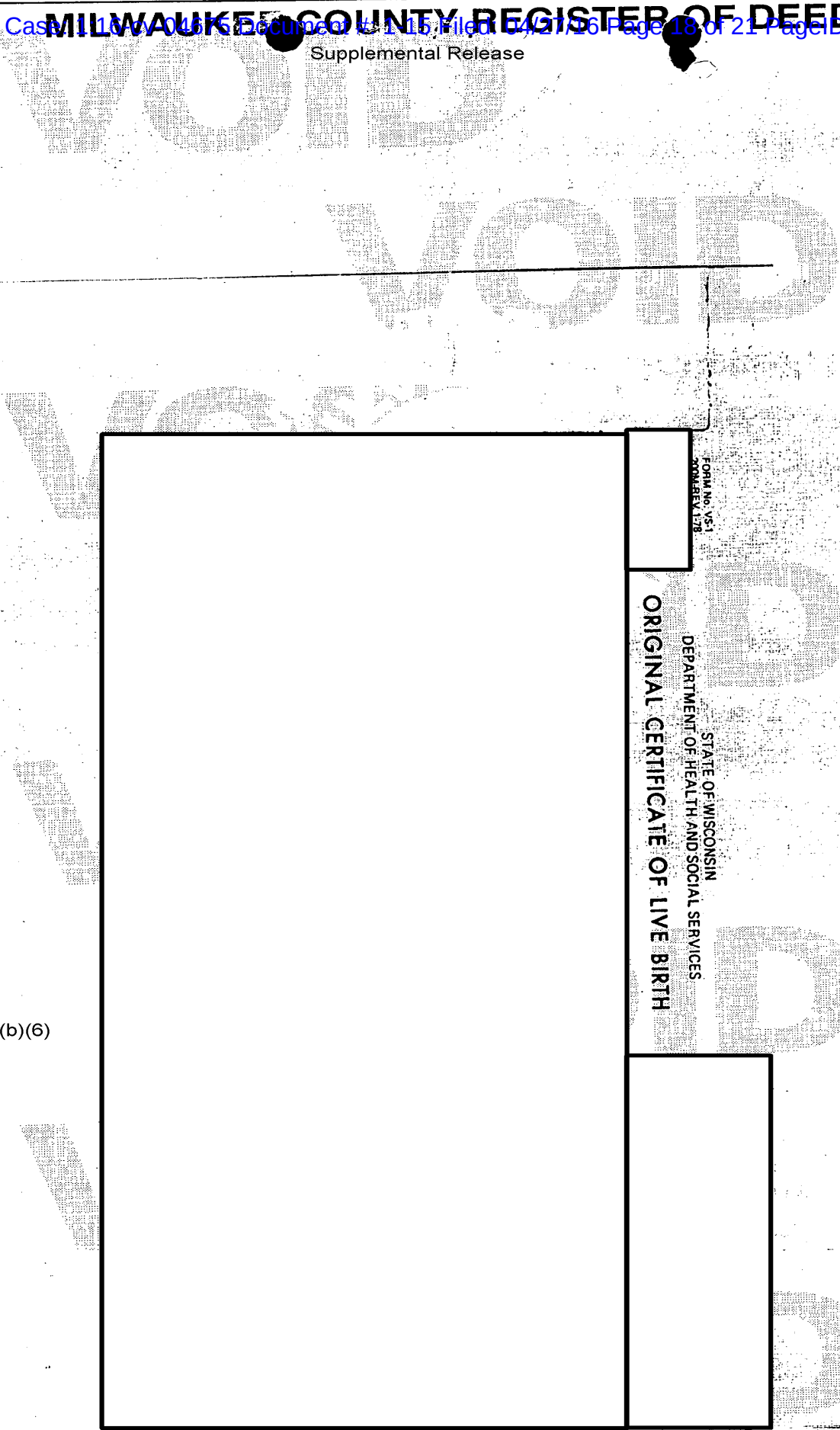
(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<div style="border: 2px solid black; width: 150px; height: 30px;"></div>	ALIEN REGISTRATION NUMBER
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HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
---	---	------------	-----------	-------------------------	------------------	-------------------

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name) (Given name) (Middle name) (Alien registration number)			
(b)(6)	(OTHER AGENCY USE)	INS USE (Office of Origin)	
		OFFICE CODE: TYPE OF CASE: DATE:	
Form G-325 A (Rev. 10-1-82)		(4) Consul	



FORM No. VS-1
COMB. 1/78

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORIGINAL CERTIFICATE OF LIVE BIRTH

[Redacted area]

[Redacted area]

[Redacted area]

(b)(6)

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

Record of IBIS Query (ROIQ)

Receipt Number: LIN9824552028

Form Type: 485

Alias Program Result :

[Redacted]

(b)(7)(c)

(b)(7)(e)

Last Name	First Name	DOB	Result Date	Data Entry ID	Age (Days)	SQ11 Result	Date	ID
EL KHADER	HANI	[Redacted] 69	2/23/2011	Data Entry	98	[Redacted]	6/1/2011	[Redacted]
EL KHADER	HANI H	[Redacted] 69	3/8/2011	CIS	85	[Redacted]	6/1/2011	[Redacted]
EL-KHADER	HANI	[Redacted] 69	5/31/2011	[Redacted]	1	[Redacted]	6/1/2011	[Redacted]

***SQ11 Result**

- R = RELATES** - Information found in IBIS appears to relate to subject in case file. Case referred for resolution.
- DNR = DOES NOT RELATE** - Information Found in IBIS but Does Not Relate to the subject.
- NM = NO MATCH** - No Adverse Information Found in IBIS.
- NR = NOT REQUIRED** - Subject is Under 14 Years of Age on Alias Program Result Date.
- * If CIS appears as the User ID this Name + DOB record has been pulled automatically from 9202.
- * Any Subject Name + DOB that appears on this ROIQ in ERROR should be entirely crossed-out and NOT checked in IBIS.
- * If the Alias Program Result is "MANUAL SQ11 CHECK REQUIRED" or "SQ11 (DOCUMENTATION OF SEARCH)," Officers must document manual search by circling either R or DNR or NM or NR under "SQ11 Result."
- * IBIS queries are NOT required for business petitioners (including Sole Proprietorships) on employment-based petitions and subjects under the age of 14 at the time of an adjudicative decision.

BCAU
11870

(b)(7)(c)

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Printed to [Redacted] 6/1/2011 at 3:32:02 PM

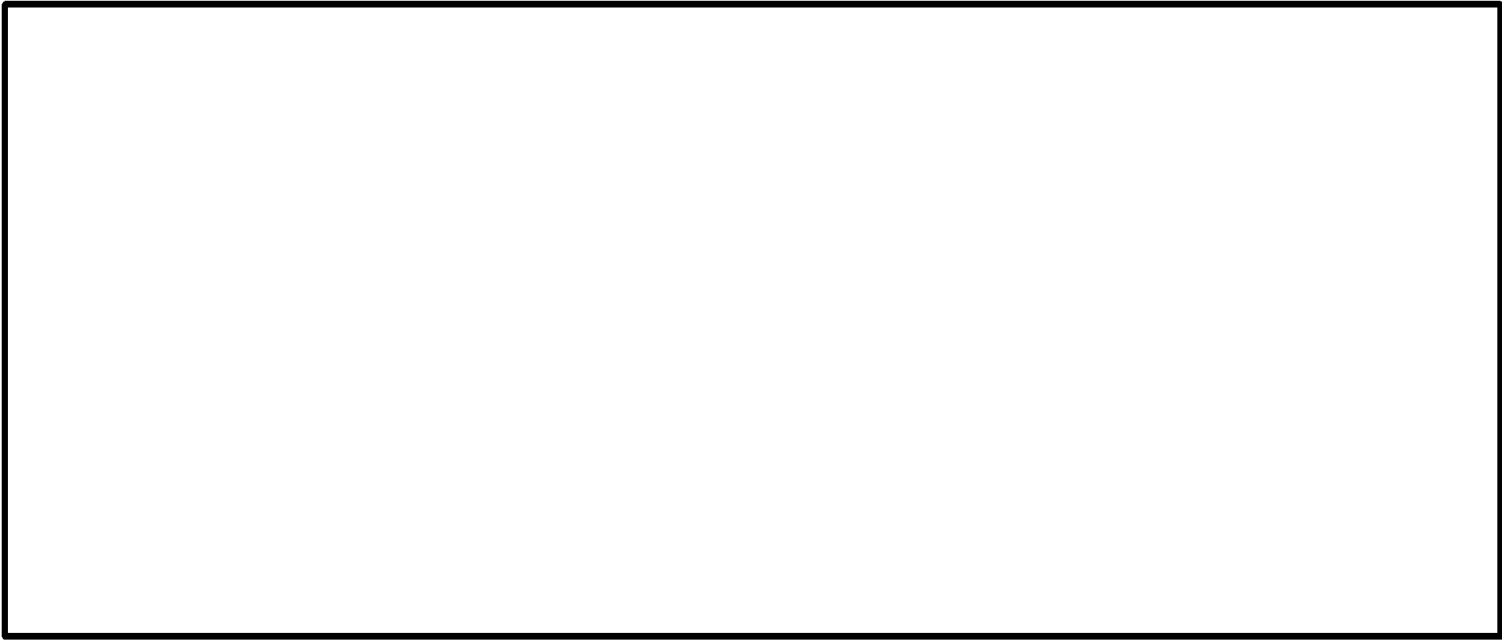
CIMIDN

COMMAND:

IMMIGRATION AND NATURALIZATION SERVICE
CENTRAL INDEX SYSTEM - ID # SEARCH/DISPLAY

07/11/06

10:40:02



OVER-KEY ID# TO DISPLAY NEW PERSON, PRESS ENTER. CLEAR EXIT PF1 NEXT CONS A#
PF2 PRIOR CONS A# PF3 REFRESH PF4 RETURN PF5 HELP PF6 MAIN MENU PF8 HISTORY
PF9 EAD PF11 EOIR

(b)(6)



(b)(6)

*** END OF HISTORY DISPLAY ***

CLEAR EXIT PF1 PAGE AHEAD PF2 PAGE BACK PF4 RETURN PF5 HELP PF6 MAIN MENU